



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL -- PERMIT SECTION
P.O. BOX 19506
SPRINGFIELD, ILLINOIS 62794-9506

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FOR APPLICANT'S USE

Revision #: _____
Date: ____ / ____ / ____
Page ____ of ____
Source Designation: _____

This	FOR AGENCY USE ONLY
EXCESS EMISSIONS, MONITORING EQUIPMENT DOWNTIME, AND MISCELLANEOUS REPORTING FORM	ID NUMBER: _____
	PERMIT #: _____
	DATE: _____

THIS FORM IS TO BE USED TO REPORT THE FOLLOWING:

- EXCESS EMISSIONS. I.E., THE AMOUNT OF EMISSIONS EXCEEDS THAT OF AN EMISSION STANDARD, PERMIT LIMIT OR OTHER APPLICABLE REQUIREMENT
- DOWNTIME OF EMISSIONS MONITORING OR OTHER COMPLIANCE MONITORING EQUIPMENT IS NOT SPECIFIED IN THE PERMIT
- MISCELLANEOUS INCIDENTS OF POSSIBLE NONCOMPLIANCE TO AN APPLICABLE REQUIREMENT

SOURCE INFORMATION		
1) SOURCE NAME: Advanced Disposal Zion Landfill, Inc.		
2) DATE FORM PREPARED: March 29, 2016	3) SOURCE ID NO. (IF KNOWN): 097200AAV	

GENERAL INFORMATION	
4) INDICATE WHICH OF THE FOLLOWING THIS FORM IS BEING USED TO REPORT:	
<input type="checkbox"/> EXCESS EMISSIONS	
<input type="checkbox"/> DOWNTIME OF EMISSIONS MONITORING OR OTHER COMPLIANCE MONITORING EQUIPMENT NOT SPECIFIED IN THE PERMIT	
<input checked="" type="checkbox"/> MISCELLANEOUS INCIDENT OF POSSIBLE NON COMPLIANCE	
5) PERIOD COVERED BY THIS REPORT:	
FROM: __2__ / __1__ / __16__ TO: __2__ / __29__ / __16__	
6) NAME AND PHONE NUMBER OF PERSON TO CONTACT FOR QUESTIONS REGARDING THIS REPORT:	
NAME: <u>James A. Lewis</u> TITLE: <u>General Manager</u>	
PHONE#: <u>(847) 599-5910</u> EXT: _____	

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

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EXCESS EMISSIONS

7) IDENTIFY THE EMISSION UNIT(S) AND ASSOCIATED CONTROL EQUIPMENT WHICH EXCEEDED AN EMISSION STANDARD, PERMIT CONDITION LIMIT, OR OTHER APPLICABLE REQUIREMENT (IF ADDITIONAL SPACE IS NEEDED FOR THIS SECTION, ATTACH AND LABEL AS EXHIBIT 405-1):

N/A – Not Applicable. There were no excess emissions generated.

8) IDENTIFY THE EMISSION STANDARD(S) OR LIMIT(S) THAT WAS EXCEEDED:

N/A

9a) PROVIDE THE TYPE(S) AND AMOUNT(S) OF EMISSIONS THAT OCCURRED DURING THE EXCEEDANCE IN UNITS IDENTICAL TO THAT OF EACH EMISSION STANDARD OR LIMIT THAT WAS EXCEEDED:

N/A

b) ATTACH THE CALCULATIONS, TO THE EXTENT THEY ARE AIR EMISSIONS RELATED, ON WHICH THESE EMISSIONS WERE BASED AND LABEL AS EXHIBIT 405-1.

10) DURATION OF EXCEEDANCE (E.G., 1 HOUR & 50 MINUTES):

N/A

11) DATE OF OCCURRENCE OF EXCEEDANCE: _____ / _____ / _____

N/A

12) DESCRIBE THE EXCEEDANCE INCIDENT, INCLUDING THE SUSPECTED OR KNOWN CAUSE OF THE EXCEEDANCE:

N/A

13) DESCRIBE CORRECTIVE ACTIONS TAKEN AT THE TIME OF THE EXCEEDANCE INCIDENT:

N/A

14) DESCRIBE SUBSEQUENT ACTIONS TAKEN TO PREVENT FUTURE EXCEEDANCES:

N/A

UNPERMITTED DOWNTIME OF MONITORING EQUIPMENT

15) IDENTIFY THE MONITORING EQUIPMENT WHICH WAS NONFUNCTIONAL, INCLUDING THE MONITORED PARAMETER AND THE EMISSION UNIT(S) AND/OR CONTROL EQUIPMENT BEING MONITORED:

N/A

16) DATE MONITOR WAS DOWN:

N/A

17) DURATION OF MONITOR DOWNTIME (E.G., 1 HOUR & 50 MINUTES):

N/A

18) DESCRIBE THE SUSPECTED OR KNOWN CAUSE OF THE MONITOR FAILURE:

N/A

19) DESCRIBE CORRECTIVE ACTIONS TAKEN AT THE TIME OF MONITOR FAILURE:

N/A

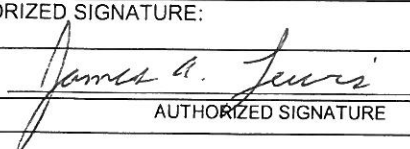
20) DESCRIBE SUBSEQUENT ACTIONS TAKEN TO PREVENT FUTURE FAILURES:

N/A

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MISCELLANEOUS INCIDENT	
21) DESCRIBE THE INCIDENT AND IDENTIFY THE EMISSION UNIT(S) AND CONTROL EQUIPMENT INVOLVED:	Oxygen readings were not brought below 5% within a 15 day period for the following extraction location: EW-116 and HNW3
22) PROVIDE THE RULE(S) OR PERMIT CONDITION(S) WHICH MAY HAVE BEEN VIOLATED (IF APPLICABLE):	7.1.7.a.iii – Operate each interior wellhead in the collection system with a landfill gas temperature less than 55 °C and with either a nitrogen level less than 20 percent or an oxygen level less than 5 percent.
23) DATE OF OCCURRENCE OF THE INCIDENT:	See Attachment 1
24) DURATION OF THE INCIDENT (E.G., 1 HOUR & 50 MINUTES):	See Attachment 1
25a) PROVIDE THE TYPE AND AMOUNT OF EMISSIONS THAT OCCURRED DURING THE INCIDENT IN UNITS IDENTICAL TO THAT OF EACH EMISSION STANDARD OR LIMIT (IF APPLICABLE):	See Attachment 1
b) ATTACH THE CALCULATIONS, TO THE EXTENT THEY ARE AIR EMISSIONS RELATED, ON WHICH THESE EMISSIONS WERE BASED AND LABEL AS EXHIBIT 405-3.	
26) DESCRIBE THE SUSPECTED OR KNOWN CAUSE OF THE INCIDENT:	See Attachment 1
27) DESCRIBE CORRECTIVE ACTIONS TAKEN AT THE TIME OF THE INCIDENT:	See Attachment 1
28) DESCRIBE SUBSEQUENT ACTIONS TAKEN TO PREVENT FUTURE INCIDENTS:	See Attachment 1
29) PROVIDE ANY OTHER PERTINENT INFORMATION:	

SIGNATURE BLOCK	
NOTE: THIS CERTIFICATION MUST BE SIGNED BY A RESPONSIBLE OFFICIAL. APPLICATIONS WITHOUT A SIGNED CERTIFICATION WILL BE RETURNED AS INCOMPLETE.	
30) I CERTIFY UNDER PENALTY OF LAW THAT, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE.	
AUTHORIZED SIGNATURE:	
BY: 	General Manager
AUTHORIZED SIGNATURE	TITLE OF SIGNATORY
James A. Lewis	3, 29, 16
TYPED OR PRINTED NAME OF SIGNATORY	DATE



Zion Landfill- CAAPP 405 Deviation Report

Attachment 1

Wellfield Deviations – February 1- February 29, 2016

Monitoring Point	Date / Time ⁽¹⁾	Duration (days)	CH ₄ (%)	CO ₂ (%)	O ₂ (%)	Balance (%)	Temperature (F)	Adjusted Static Pressure ("H ₂ O)	Cause/ Corrective Action	Action
					OVER 5%		OVER 131°F	POS. PRESSURE		
ZIOEW116	2/10/2016 15:29	28	46.9	36.2	0.1	16.9	60.6	-20.72	Closed Valve 1/2 turn or less: :	Adjustments have been made to attempt to reduce oxygen levels at this extraction location and surrounding wells in an attempt to bring oxygen levels below 5%.
ZIOEW116	2/10/2016 15:29		46.9	36.2	0.1	16.9	60.6	-20.59		
ZIOEW116	2/19/2016 9:08		0.3	0.4	21.1	78.2	61	-9.55	Valve completely closed: valve disconnected:	
ZIOEW116	2/19/2016 9:08		0.3	0.4	21.1	78.2	61	-9.64		
ZIOEW116	2/25/2016 15:01		28.5	22.7	8.8	40	---	-16.65	Valve completely closed: :	
ZIOEW116	2/25/2016 15:01		28.5	22.7	8.8	40	---	-16.65		
ZIOEW116	3/8/16 9:08		8.09	6.51	17.11	68.29	73.4	-17.49	No Change, Valve completely closed: :	
ZIOEW116	3/11/16 14:44		8.61	7.45	16.19	67.75	48.4	-21.36	No Change, Valve completely closed: valve disconnected:	
ZIOEW116	3/18/16 10:10		50.18	34.82	0.21	14.79	51.8	-15.29	Opened Valve 1/2 turn or less: prior to reading:	
ZIONHNW3	2/9/2016 15:34		53.4	34	1.4	11.2	17.4	-49.94	No Change: valve cracked open:	
ZIONHNW3	2/9/2016 15:34	31	53.4	34	1.4	11.2	17.4	-49.94		Adjustments have been made to attempt to reduce oxygen levels at this extraction location and surrounding wells in an attempt to bring oxygen levels below 5%.
ZIONHNW3	2/9/2016 15:41		31.3	22.4	10.7	35.7	32.9	-52.31	Closed Valve 1/2 turn or less: :	
ZIONHNW3	2/9/2016 15:41		31.3	22.4	10.7	35.7	32.9	-51.85		
ZIONHNW3	2/12/2016 16:06		0.1	0.5	23.7	75.6	22.8	-51.59	Opened Valve 1/2 turn or less, Valve completely closed	
ZIONHNW3	2/12/2016 16:06		0.1	0.5	23.7	75.6	22.8	-51.76		
ZIONHNW3	2/18/2016 14:54		0	0	22.3	77.7	37.2	-49.94	Closed Valve 1/2 turn or less: :	
ZIONHNW3	2/18/2016 14:54		0	0	22.3	77.7	37.2	-49.94		
ZIONHNW3	2/24/2016 14:09		0	0	22.6	77.4	36.9	-48.58	Valve completely closed: :	
ZIONHNW3	2/24/2016 14:09		0	0	22.6	77.4	36.9	-48.58		
ZIONHNW3	3/8/16 10:51		0.38	0.92	20.65	78.05	75.2	-48.37	No change. Valve completely closed	
ZIONHNW3	3/11/16 14:54		52.37	36.49	1.67	9.47	45.3	-48.92	No change	